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THE

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The Journal of the Australian Branches of the British Medical Association.

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THE MEDICAL JOURNAL OF AUSTRALIA.

VOL. I.—3RD YEAR. SYDNEY: MAY 13, 1916. No. 20.

FROM A LONDON WAR HOSPITAL.

By **C. MacLaurin, M.B., M.S. (Edin.),**
Lieutenant-Colonel, A.M.C., A.I.F. (Sydney).

After six weeks wearily tramping the streets of London looking for work, I was appointed to the surgical staff of No. 3 London General Hospital, at Wandsworth. This gigantic institution, situated in an open common, adjacent to the chaste precincts of Clapham, is one of the greatest hospitals in the world, though a mushroom institution, built mainly of galvanized iron, and an emblem of the sudden mighty effort which the Old Country has been called upon to put forth. We have 1,500 beds, to be greatly increased. We rank in our staff some of the ablest consultants in Great Britain. We can give you a full X-ray report in less than half an hour, and there is no problem in pathology or treatment that we cannot solve for you, and solve with an authority not to be excelled anywhere.

The unit is under the command of Colonel Bruce Porter, R.A.M.C., who has been connected with the Army since he was a boy, and who has given up a great consulting practice, to put in his whole time with us. He is a man of wide views and high ideals, and has set himself to the task of running No. 3 on lines as little military, as genial and as kindly as possible. That he has succeeded is shown by the uniformly friendly spirit which runs through the whole unit, a spirit of comradeship and kindness which is most striking and not excelled in any hospital I have ever known.

The chief of the surgical staff is Sir Alfred Pearce Gould, and the arrangement is a little peculiar, in that he has the right to be consulted over every serious operation, and also the right to criticize one's work and to alter the treatment if he thinks fit. This position is necessarily a delicate one, but it is hard to see how it could be arranged differently, considering the peculiarities of military service, and I am bound to say that in practice it works well and smoothly. Any arrangement will work if people are determined to make it work, and though, after being my own master for so many years, I felt it a little awkward at first, I now find it a very great assistance and privilege to have the opportunity of calling him in. His war experience is so vast, and his surgical opinion is so uniformly sound and sensible, that I personally rely largely on it; I have gone to school again, with Sir Alfred as teacher, and find it of inestimable benefit.

Other members of the staff are Sir James Kingston Fowler, Chief Physician, Sir John Bland Sutton, Sir John Broadbent, Sidney Martin, Wilfred Trotter, Ernest Lane, Betty Shaw, Pasteur, and others of great eminence and capacity. The lieutenants, or residents, are a band of clever young men, very keen, eager to learn, and friendly. Queen Amalie of Portugal is a probationer in the hospital, is called "nurse," treated exactly like the other nurses, enjoys her work thoroughly, and is extremely popular with everyone. Colonel Flashman and Major Taylor-Young are also on the staff.

It might be thought that such a staff would resent the intrusion of Australians into their hospital, but, on the contrary, we have met with nothing but kindness and hearty welcome. Both doctors and nurses treat us exactly as of themselves, show us every possible respect and consideration, and, indeed, I think, are genuinely glad to have us working with them. It is especially gratifying that the lieutenants, who, with the joyous certainty of youth, might have been expected to " 'eave 'arf a brick" at the strangers, have worked in with us in every possible way, and have made a position, which might have been excessively difficult, more than pleasant.

We have a great number of Australian wounded, who seem to be very happy, and are thoroughly well treated. Any reports to the contrary come from ill-natured fellows, who are out for trouble, and will find it in Heaven, if they ever get there. The nurses now that they have got to know their little ways, deal with them informally and unconventionally; make things easy for them; they have remarkable control over them; and many of our boys have told me how well they have been treated and how sorry they are to leave. One nurse told me she thought they were the best patients she had.

The surgical work is different from civil practice. We get cases recently wounded, and many which have been operated on repeatedly in their slow progress from the field of battle to London. The great terror is the latent staphylococcus, which lies encysted in bone and periosteum for months, and is ready and willing to flare up at the slightest opportunity. Thus, one of the most dangerous operations one can do is to trim up the healed stump of a guillotine amputation. It is only a little operation; a trifle; the cutting off of three inches of bone and the stripping back of soft parts; yet many of these patients suffer from a terrible, occasionally even fatal, reaction.

I cannot lay too much stress upon the deadly nature of all bone operations in wounds which have healed slowly, with much sepsis. Most of the surgical deaths in the hospital are in these cases.

Another very dangerous condition is a slow, lazy sepsis of the skull. Only too often there is forming in the brain an abscess, of which the first sign may be its rupture into the ventricles. and general septic meningitis. These are the most deadly and treacherous things I have ever seen.

A very remarkable point is the extraordinary skill with which a bullet will, as it were, worm its way between arteries and nerves and cause damage of so local and selective a nature as to be hardly credible. Thus, I have now under my care a colonel, in whom the

bullet passed from front to back, immediately beneath the clavicle, evading the brachial plexus and subclavian artery by a miracle, and causing nothing but a fracture of some vertebral spines and temporary Brown-Séquard's paralysis. Another man had the musculo-cutaneous nerve cut just as it leaves the outer end of the plexus, and no other injury whatever—an amazing thing.

Nerve injuries are by far the most interesting cases one sees, and the difficulties of operation are much increased by the extensive scarring of the neighbouring tissues. The unsatisfactory feature of these conditions is that one cannot keep the patients under observation sufficiently long to study the results of one's treatment. Owing to the danger of sepsis, one fights shy of extensive operations on bones, skull, or joints, unless in exceptional circumstances, and, on the whole, these are not, in my experience, very satisfactory cases; in a few months interference will be safer.

As regards treatment, the universal experience at No. 3 London General Hospital seems to be that as an antiseptic *eusol* is quite unrivalled. Almost non-toxic and non-irritating, it cleans up the foulest wound like magic, and has almost supplanted all other treatment for established sepsis.

Life in London, however, is on the whole, pretty dismal; one feels lost and lonely in this gigantic waste of bricks and mortar, and one rather longs for the blue sky and the sparkle of the sunshine on the "Harbour." However, D.V., that will come again.

In conclusion, it will interest many people to hear that Colonel Bruce Porter is married to the daughter of the late Rev. Dr. Bruce, who was the first Moderator of the Scots Church in Australasia, and was well-known throughout both Australia and New Zealand. I think the Australian wounded owe him a debt of gratitude for his uniform kindness and sympathy.

"TEMPERAMENT."[1]

By **R. T. Michell, M.B., C.M. (Edin.),**
Molong, New South Wales.

I have chosen for a subject some speculations regarding "Temperament." Undoubtedly a presidential address should be of general interest to every kind of hearer, whether he fancies himself with the scalpel, the stethoscope or the obstetric weapon, and every practitioner must study the temperaments of his patients, though he may not always do so consciously.

So far the study of temperaments has scarcely emerged from the empirical stage, and most writers cling to the classification of the days of Lavater, with his bilious, sanguine, nervous and phlegmatic types. But present-day knowledge justifies us in approaching our subject along more scientific lines.

First we must gain some definite idea as to what is meant by temperament. This is by no means easy, and is arrived at best by a process of exclusion. We cannot help being aware of the infinite variations amongst our fellow-men, and,obviously, some of these variations are attributable to nutrition and growth; other differences are due to degrees of intellectual capacity, and others again to varying will-power.

Taking pains to eliminate these factors, there is still apparently endless variation, due to what is called temperament, which is vaguely defined in Webster as "The peculiar mental and physical character of an individual, etc." Now, instead of seeking to divide mankind into ill-defined groups in regard to temperament, we may ask ourselves whether there is not some evolutionary factor that can be regarded as the basis of these temperamental variations.

We are beginning to look upon life, however complicated, as a mass of reflex phenomena, and the differences in racial and personal characteristics depend largely on variations in the speed and intensity of these reflexes, combined with variations in inhibitory power.

In the struggle for existence, the survival of the fittest has primarily depended on the capacity of the individual to fit himself to his environment, and the greater the range of adaptability the more likely the survival of the type. But as we approach the more specialized forms of life, we can perceive the emergence of another set of factors in survival, due to the capacity of the individual to adapt his environment to himself. Ants and bees, and even the homely bird's nest, offer familiar examples of these in the lower ranks of living things; but it is not till we reach *homo sapiens* that such characteristics become really marked.

Primæval man had no clothing, probably did not know the use of fire, and, with the exception of a few rude stone weapons, depended on adapting himself to his environment. It is more than likely that he grew a thicker hairy coat every winter and moulted every spring.

Later we find him chipping and elaborating his weapons, clothing himself, building simple shelters, cooking his food and otherwise adjusting his environment, though still a hunter and a wanderer. Still later he invents houses, he domesticates wild animals for his own use or protection, and grows wild vegetation in prepared patches, so as to lay by food for the lean months.

From now onward we can trace the whole, huge, complicated system of rendering himself independent of his natural environment, which we call Civilization.

Every modern man is obliged to possess some capability of adapting himself mentally and physically to his environment. Also, he must be able in some degree to adjust his environment to himself. But the proportion in which he possesses these two groups of characteristics varies enormously. Moreover, they are obviously more or less antagonistic, and cannot both be found highly developed in the same individual.

There are no words or phrases that I have come across in English to express these qualities, and it is excusable if we pause here to invent suitable terms.

The word "adapt" conveys usually a somewhat passive significance, being frequently used with the word "self." This, combined with the suffix

[1] Being the Presidential Address delivered at the Annual Meeting of the Western Medical Association, at Wellington, N.S.W., on October 27, 1915.

"aceous," meaning "possessed of the qualities of" (as in "herb*aceous*"), will create the term "*adaptaceous*," which might well do for the characteristics involved in adapting oneself to one's environment.

"*Adjusto-facient*" will explain itself, and suffice to express the other group of characteristics.

The ideal adaptaceous man will be able to bear heat and cold, wet and dry, with ease; that is to say, his heat-regulating mechanism will be stable. His sight, hearing and other sense reflexes will be quick and sure. His muscular system will be wiry, but seldom abnormal, and his staying-power will be great, this latter meaning plenty of cardiac reserve.

In thought and in action his courage will be high, because he will have confidence in his adaptability. Consequently, he will have true initiative, and seldom worry about the line of retreat. If the environment prove too strong, he will be quick to yield and make the best of failure. His æsthetic sense will be highly developed. He will be *en rapport* with Nature. He will love sport.

But for the very reason that he leans on his adaptability, he will make no serious provision for the morrow. He will have little perseverance in all things that are not matters of the moment. He will strive up to his environment, but no further. "Sufficient unto the day!" will be his motto.

Not so the "*adjusto-facient*" antitype! With slower reflexes, with bodily vulnerability, and with a deadly realization of his inefficiency under new and strange conditions, he will, in self-defence, provide in advance for every conceivable emergency that occurs to his mind. More! He will patiently study his environment, in order thereby to minimize the surprises which the future has in store.

Neatness, order, preparedness are his armour. He will not entrust himself to any enterprise without accurate knowledge in advance, and without preparing for likely eventualities.

The waste, the dirt, the recklessness of Nature will always obtrude themselves and cloud his appreciation of her beauties. He cannot reach the highest levels in the *beaux arts*. Only in music can he excel, because that deals rather with internal than external stimuli.

As we have seen before, every man must be possessed of qualities from both groups. Every man must have a dual personality. At the same time, every individual is the resultant of his warring tendencies. The sum total of his plus and minus qualities makes the man and marks his temperament.

The temperament, likewise, of a nation is the sum of its units, and by glancing at national characteristics we can gain a larger, clearer view of our subject.

Among European nations, we find marked differences, and, broadly speaking, we perceive that the Latin races are highly adaptaceous, while the Teutons are strongly adjusto-facient.

Look at the French! Quick in their reflexes, extraordinarily adaptable, unsurpassed in courage and initiative, but with a fatal want of foresight, and a tendency to weaken quickly in purpose when they attain the level of necessity, or if the environment prove too strong.

The Prussian is the antithesis; with comparatively slow reflexes, not adaptable, obstinate rather than truly courageous, with little desire to leave the beaten track, but with an almost uncanny power of foresight, and possessed of a dogged perseverance in attention to details, which is virtually unknown amongst the Latins.

The British come of many stocks, and, with all our imperfections, possibly the blending is responsible for the "place in the sun" that the British Empire holds to-day.

Harking back to the individual, this view of temperament makes a fairly good working hypothesis.

The body strong in adaptaceous qualities generally contains an adaptaceous mind, although we see many remarkable examples of adjusto-facient minds in adaptaceous bodies, and *vice versa*. The exceptions are probably due to inheritance on Mendelian lines from contrasting parents. In fact, we can often see this plainly on observation of some families. On the whole, however, the mental qualities correspond to the physical; because of necessity the mental outfit is strongly influenced during development by the physique, and especially by deficiencies of physique.

As a patient, the adaptaceous individual will have come to grief through some too reckless strain on his energies, or through neglect of the known rules of health and hygiene. He is often easily restarted on the road to recovery, but will as easily stray. To such a patient minute instructions are useless. One must seize on a few salient points and fire his imagination, or play upon his fears. Above all, hesitation or vacillation on the part of the medical adviser is fatal.

On the other hand, most physiques that lack adaptaceous qualities are protected by adjusto-facient minds. To them the medicine bottle, the temperature chart, strict rules of hygiene and details of diet are salvation, and the practitioner must be careful, for his golden words will all be treasured and details carried to their logical conclusions in a way that is often most embarrassing.

Prognosis in serious cases is profoundly and curiously influenced by the extreme types. As long as the adaptaceous man retains hope, his superior physical reactions may be counted on to work wonders; but once let him lose hope, and he passes out with Eastern fatalism. The other type, in spite of inferior resisting powers, will often obstinately cling to life, and attention to details of nursing and treatment will give ample reward.

How often are these characteristics displayed in the medico himself! One man will be full of resource, but his consulting room will be a tangle of instruments, dressings and papers. He will require at least three reserve stethoscopes. His colleague may not be able to cope with emergencies half as well, but will arm himself with neatness and order. Wild messengers will not drag him to the urgent midwifery case until his bag is bulging with all that may or may not be wanted.

In surgical fields we find, for the most part, adaptaceous men, quick, dextrous, full of resource, using

the instruments handed to them, but not always neat. Adjusto-facient surgeons are however met with in the highest ranks. These men are painstaking, comparatively slow, punctilious over details and fidgety regarding tools. To this type we owe most of the elaboration and invention of special instruments and methods.

It is a fair question here to ask, What are the physiognomies which correspond with these temperaments? I must frankly confess that the ideas, here put forth, have only recently formulated themselves in my mind, and that the answer requires further study. Still, some facts seem obvious, as, for instance, the rapidity of the reflexes and their control, which are easily gauged by speech, facial expression and gesture, after making due allowance for the degree of education of the reflexes, which varies with social position and differs in town and country dwellers.

On the whole, it seems probable that dark types and dolicocephalics are more adaptaceous than fair types and brachicephalics.

The distance between the eyes is also an index. Widely-set eyes are generally adjusto-facient, especially when associated with short heads. But these are hardly more than guesses, and may need much modification on further observation.

Finally we must not forget that, although the adaptaceous qualities of body and mind are great factors in the survival of the fittest, the individual that has no adjusto-facient capabilities will remain at the level of his environment.

All progress in civilization is the direct result of adjusto-facient efforts. All improvements in social conditions, all opening up of the avenues of education, all raising of the national health level, all adaptations of machinery to labour and transport, even progress in thought and philosophy are the outcome of adjusto-facient striving, and although the adaptaceous genius is more likely to make a brilliant discovery, it requires adjusto-facient men to apply that discovery to the human weal.

Only in the arts and in religion do purely adaptaceous qualities hold pre-eminence.

This obvious fact is doubtless at the root of the extraordinary conceit exhibited by the German nation. They realize their excellency in adjusto-facient qualities, and have arrogated to themselves the rôle of "supermen," ignorant of the fact that the perfect man is a perfect blend.

Reports of Cases.

CYST OF PANCREAS: RESECTION OF BODY AND TAIL: RECOVERY.

By **Felix Meyer, M.D., B.S.,**
Honorary Gynæcological Surgeon, Women's Hospital, Melbourne; Lecturer on Obstetrics and Gynæcology, University of Melbourne.

Mrs. W., aged 37 years, was admitted to the Women's Hospital, Melbourne, on December 8, 1913. She had had three children, the last two years ago, and one miscarriage. She was sent in for repair of a lacerated cervix and a relaxed vaginal outlet. She complained mainly of pains in the back and "falling of the womb." Latterly, she had a feeling of nausea and pain in the upper part of the abdomen, and had noticed that she was getting thinner. A fortnight before admission she was aware for the first time of the presence of a lump in the upper segment of the abdomen on the left side. The catamenia were regular, every 28 days and scanty.

On admission, she was found to be rather thin, but otherwise looked fairly healthy, with good teeth, a clean tongue and normal condition of heart and lungs. The breasts were small and atrophic.

The gynæcological picture was that of a freely movable retro-prolapsed uterus, with lacerated cervix and relaxed vaginal outlet.

The examination of the abdomen revealed a tumour as large as a fair-sized cocoanut and definitely cystic, in the left hypochondrium. It occupied the left renal space, and moved, not very freely, with respiration. The right kidney was palpable, but not enlarged. The temperature was 99.8° F. and the pulse rate 90; there was no history of "shivers." The urine was neutral in reaction; its specific gravity was 1025; it was free from deposit, albumin or sugar. It was normal in quantity.

On the 10th December the patient was anæsthetized by the open ether method. I made an incision directly over the tumour for 3½ inches, through the left rectus muscle about two inches to the left of the mid-line, after manipulating the tumour into prominence from under the costal margin, where it had retreated. The parietal peritoneum was divided, and the tumour was found to be wedged in between the layers of the transverse meso-colon, the stomach being displaced upwards and to the right. Manipulation of the tumour showed that it would be more easily dealt with through the loin than by dividing the gastro-colic omentum. Accordingly, the patient was turned on to her right side, the tumour pressed down into the left ilio-lumbar space, and a free incision, about five inches in length, made from the outer edge of the twelfth rib—practically the lumbar incision of Mayo Robson. As the tumour could not be delivered after it was exposed, by reason of its size and attachments, a trochar was plunged in, and some 10 ounces of white, mucinous fluid were drained off. By separating and ligaturing some bands connecting the mass to the transverse meso-colon, it became possible after careful traction to define the cyst and its relations. Its upper and posterior aspect was continuous with pancreatic tissue, which was of a hard, fibrinous consistency. A small projection of this tissue, about half an inch long, extended loosely beyond the cyst proper. Examination of the innermost border of the cyst (meso-colon attachment) showed that its growth had effected a smooth partial separation of the head of the pancreas from the body, resulting in a "pedicle," and this decided me to remove the cyst, with its involved fibrous pancreatic tissue, entire. This was easily done with Paquelin cautery, after blunt dissection and ligature of some small vessels.

There was no hæmorrhage. The only vessels of considerable size involved were a branch of the splenic artery and a few mesenteric branches. No leakage of pancreatic secretion arose from the "stump," which was housed in a handy fold of mesentery. A gauze and rubber drain were left in the wound, which was closed in the usual way.

The patient made a good recovery. The tube was removed on the seventh day, and she was up and well by the twenty-fifth. Daily quantitative and qualitative examinations of the urine showed undiminished amount of urine and absence of sugar and albumin, nor was fat at any time found in the fæces. She was sent on January 11, 1914, to a convalescent home, where she was re-admitted to hospital, three days later, with vomiting and abdominal distension, consequent on an "orgy" of corn beef and carrots! Twelve days later she was finally discharged well, and has remained so up to the present time (January 25th, 1916), on which date I examined her. Her weight is 126 pounds (she has never weighed more than 134 lbs.). She looks and feels well; her appetite and sleep are good, and her bowels are regular. The catamenia are regular, lasting five days; the blood-loss is moderate. A general physical examination reveals nothing abnormal. There is no pain or swelling over the sites of the incisions, which are soft. The fæces

Fig. 1.
Side View of Cyst, reduced about one-half. (The free projecting portion is the tail; pancreatic substance is shown in the central part of the cyst.)

Fig. 3.
General Appearance of Pancreas and Cyst. M = 15.

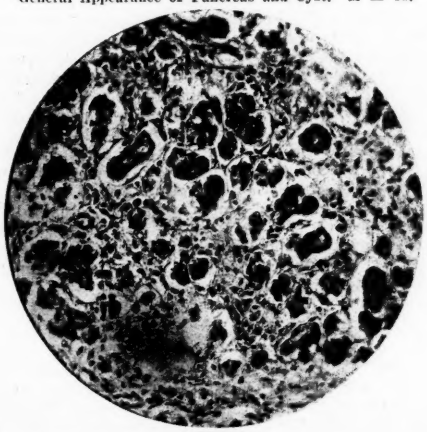

Fig. 5.
Section cut near the Tail of the Pancreas, showing Intense Fibrosis. M = 375.

Fig. 2.
Front View of Cyst, reduced one-half.

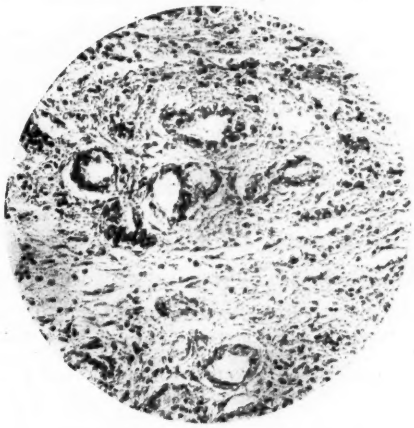

Fig. 4.
Section near Wall of Cyst, showing Remains of Pancreatic Tissue. M = 375.

Fig. 6.
Showing Intense Fibrosis and Dilated Duct. M = 45.

are normal; but occasionally contain a little mucus. The urine is free of sugar and albumin.

Resections of the pancreas for cyst or other tumour have seldom been made, although, as William J. Mayo states, as far back as 1884 Billroth removed the pancreas for an adeno-carcinoma, with recovery of the patient. In the collected papers of the Mayo Clinic for 1913, an account is given of a resection of half the pancreas for a tumour, which proved to be a benign, thick-walled, trabeculated cyst of the body. The tail was included in the resection.

The operation here recorded did not present extraordinary difficulties. Delivery of the tumour through the abdominal incision involving going through the gastro-colic omentum and opening up the lesser peritoneal cavity, freeing the transverse colon and other obstructions seemed a less rational procedure than opening and draining the cyst by the lumbar and more dependent route. The splenic artery was easily avoided. The line of demarcation mapped out by the cyst between the hard, dense body and tail and the softer, more normal inner part of the organ—a natural dissection, so to speak—decided me to remove the tumour *en masse*, a procedure apparently justified by the result.

Pathological Report by Dr. C. H. Mollison.

Macroscopical.—The specimen was a cyst, the size of a small cocoanut, containing mucinous fluid with blood-stained fluid. The interior of the cyst was deeply pigmented a brownish colour. The upper and lateral portion of the cyst showed the body and tail of the pancreas, which flattened at the inner aspect. The tail projected away from the cyst, and was free from pressure.

Microscopical.—Sections of the pancreas showed atrophy of pancreatic tissue proper, with the formation of a fibrous stroma. The tail portion was normal in appearance. The case was one of chronic pancreatitis.

I have to acknowledge my indebtedness to Professor Sir Harry Allen and to Dr. Arthur Wilson for the sections and photographs, and to Dr. C. H. Mollison and Dr. Chambers for the notes of the case.

Reviews.

TUBERCULOSIS IN CHILDHOOD.

The present is an extraordinary time for the appearance of an English version[1] of a German book. Nevertheless, we think that Dr. Barty King has been wise to issue "The Primary Lung Focus of Tuberculosis in Children," the authorized English translation—authorized, of course, before Germany and Austria began their present dreadful orgy of bloodshed—of Dr. Anthon Ghon's *"Der primäre Lungenherd bei der Tuberkulose der Kinder."* Unlike other Teutons, so scornful and neglectful of foreign research, Dr. Ghon gives it full credit, and his work is admittedly a continuation and confirmation of that of two French pathologists, Parrot, the author of "the law of similar adenopathies," and G. Küss. Dr. Ghon carries his admiration for the French physicians to the extent of stating his thesis by means of quotations from their work. His own contribution consists of a series of investigations from 184 post mortem examinations of tuberculous children, most of which he details at length, together with a running commentary and a reference to similar work of other investigators.

The law that Parrot established is that just as in other regions and in the case of other affections, so too in tuberculosis of the lung, a lesion of a gland always means a similar lesion of the parts drained by that gland; tuberculosis of the lung causes tuberculosis of the corresponding lymphatic glands; in every tuberculous affection of a tracheo-bronchial lymphatic gland there is a similar one in the lung.

Küss elaborated this teaching, stating that the earliest stage of pulmonary tuberculosis in childhood, which clinically cannot be diagnosed, is inhalatory, begins with a small tubercle, and spreads to the lymphatic glands; later the lungs can be affected by a retrograde movement through the lymphogenous, hæmatogenous, and respiratory channels. This primary lung focus, usually sub-pleural, but sometimes intra-parenchymatous, exists in every case of tuberculosis of the bronchial glands, though it is often small and difficult to find. Professor Ghon, in his series of 184 cases of pulmonary tuberculosis, in 747 autopsies at the St. Annen-Kinderspital, in Vienna, confirms Küss's views, except that he finds the primary focus more often in the right upper lobe than elsewhere. Küss thought it as common on the right side as on the left, and usually in a lower lobe. Dr. Ghon adds that in the tuberculosis of childhood there is a lung focus usually beginning in the smallest lymphatic glands of the fibrous membrane of the bronchioles, which never originates in a retrograde manner (neither lymphogenous, bronchogenous, nor hæmatogenous) from the tracheo-bronchial glands, but is primary and due to aerogenous infection; in short, "that in childhood the primary infection of the lungs represents the usual form of the tuberculous infection."

The book is illustrated by two plates, one black and one beautifully produced in colour, and by seventy-two excellent diagrams, showing the position of lesions on the anterior and posterior surfaces, and in the interior of the lungs. These diagrams are most ingeniously designed so that, while quite simple in character, they admirably serve their purpose of elucidating the text. The translation is generally good. We chose a number of passages at random, and found that they accurately convey the sense of the original, but in accomplishing this the translator has occasionally failed to avoid a certain stiffness of expression rather foreign to the English idiom.

[1] The Primary Lung Focus of Tuberculosis in Children, by Anthon Ghon, Professor of Pathological Anatomy, University of Prague. English Edition: Authorised Translation by D. Barty King, M.A., M.D., M.R.C.P., 1916. London: J. & A. Churchill. Royal 8vo., pp. 172, with 72 illustrations and two plates. Price, 10s. 6d. net.

Hospitals.

BROKEN HILL AND DISTRICT HOSPITAL.

At the monthly meeting of the Board of Management of the Broken Hill and District Hospital, held on April 14, 1916, the Surgeon Superintendent reported that, in spite of many efforts to obtain the services of two junior resident medical officers, no applications had been received for these appointments. The Surgeon Superintendent had been working single-handed since December 23, 1915 (*i.e.*, a period of 3½ months). During that period the average daily number of occupied beds was 106. No less than 257 patients had been discharged and 26 had died. In the same period, 62 major and 54 minor operations had been performed. The Matron had given the anæsthetic 121 times, and the senior nurses had acted as assistants at the operations. In the Out-patient Department, 1,611 attendances had been given. In the medical wards there had been 23 cases of enteric fever, with two deaths, and five cases of pneumonia, without a death. Three of the pneumonia patients were underground miners. There had been 82 cases of diphtheria, with four deaths.

The members of the Board noted with regret that the Surgeon Superintendent had been unable to obtain assistance, and raised the question whether the remuneration offered (*i.e.*, £200 a year) was sufficient to attract a Junior Resident Medical Officer. The Surgeon Superintendent expressed the opinion that the failure to procure the services of a young medical man was due to the actual shortage of medical practitioners, and not to the amount of salary offered. He held that experience at the hospital was so extensive that the question of remuneration would be regarded as of secondary importance. No outside practitioners visited the hospital, and a very large number of operations were performed. The position of Junior Medical Officer should therefore be attractive to any young medical man wishing to gain experience.

Similar difficulty was being experienced in other hospitals.

BELGIAN DOCTORS' RELIEF FUND.

The Treasurer of the Queensland Branch announces the following subscriptions to the Belgian Doctors' Relief Fund: Dr. A. S. Roe, Brisbane (April donation), £1 1s.; Dr. A. Jefferis Turner, Brisbane (April donation), £2 2s.; Dr. Lilian V. Cooper, Brisbane (March and April donations), £4.

The Medical Journal of Australia.

SATURDAY, MAY 13, 1916.

Political Imagination.

The Minister for Education of New South Wales arranged quite skilfully to obtain the unanimous support of the Political Labour League for the policy of the Government in regard to the medical treatment of school children. The members of the Conference were in the mood on May 4, 1916, to oppose anything orthodox, and Mr. Griffith carried the whole meeting with him by drawing, as usual, on his imagination. His interpretation of the action of the New South Wales Branch of the British Medical Association is now becoming almost monotonous, and has not even the virtue of being ingenious. Naturally, the members of the Political Labour League were enraged with the doctors, who cared nothing for the welfare of the children, and only looked after the fees that might pass into their pockets. It is an excellent platform trick, and one which is bound to catch votes and to secure sympathy. But, unfortunately, this explanation is too transparent to deceive those who are willing to regard things as they are. The health of the young is too serious a thing to conjure with, and those, who are in earnest in their solicitousness about the little ones, must recognize the grave danger of allowing the treatment to be directed by a Governmental Department. The reason why the British Medical Association is opposed to the scheme of treatment being taken over by the Department is because it cannot recognize a third party in the relations between the doctor and the patient. That the question of fees has been dragged in unnecessarily is proved by the fact that the Association has maintained that the existing machinery suffices for the needs of the children. The three channels for treatment are open at all times, and these channels provide the best safeguards that the treatment afforded shall be satisfactory. Parents should be urged by the medical inspector or nurse, engaged for "following up," to take their children for treatment to private practitioners, if they can afford it; if they are members of Lodges, the question of affording the fees does not apply; and if they do not belong to a Lodge and cannot afford to pay private fees, the hospitals are open to them. We hear a great deal about the greed of the doctors, but everyone knows that it is a very rare thing for a doctor to refuse to treat a patient because he cannot afford a full fee. On the other hand, if the patient has the means, it is difficult to follow the argument why the tradesman should charge and get hard cash for meat, bread and milk, while the doctor is expected to give his wares away. If the treatment is unsatisfactory to the parents, the doctor can be changed; but with the Government school doctor, the parent would have to be content with the wholesale application of remedies, no matter how much cause there were for complaint. It is improbable that a larger number of parents will be persuaded to take their children to the Departmental Medical Officer than to the private practitioner or the hospital. It is therefore wholly imaginative to suggest that the members of the British Medical Association are preventing the children from obtaining treatment. The policy of the Association throughout the Empire has always been to favour skilful inspection by the education authority, but to oppose the application of remedies for physical defects discovered at the inspection by the same set of men. Mr. Griffith would be better employed if he rearranged the inspectorial duties of the medical officers, so that they could devote more time to each child than is possible under the present conditions.

SCIENCE FOR THE MASSES.

In his brilliant address to the Royal Society of New South Wales Dr. Greig-Smith took as his text the blindness of the ordinary individual to scientific work and to scientific progress. Every word of this fine speech is evidence of the inherent truth of the unscientific way of thinking of the British people as a whole, at all events up to the time of the outbreak of the war. Like others, who have spoken and written before him, he looks the fact in the face that a large amount of our material was derived from Germany in the pre-war days, and that the necessity of the future is an emancipation from all outside supplies. We must learn to blend science with in-

dustry, in order that we may be able to compete after the war with foreign trade, and that we may be self-supporting. Many suggestions are made, but none would have a more far-reaching effect than that the masses should be taught to regard knowledge—incidentally spoken of as science—as a possession of every citizen. The day has gone by when knowledge could be regarded as the prerogative of a special class, and if we are to hold our own against the world, we must yield the right of participation in the fruits of knowledge to all. Dr. Greig-Smith throws out the suggestion that the public should be induced to become familiar with the progress of research work by having in the daily newspapers a readable, simplified account of this work, dished up to suit its palate and intelligence. The world is not a Kindergarten, and its men and women should not be spoon-fed. Otherwise we shall not achieve what we aim at. Science, robbed of its technicalities, becomes maimed, altered, faked. The average reader may not be able at first to follow with ease a technical discussion, but if full details be given him, and his lesson be delivered at a sufficiently slow pace, he will arrive at a tolerable understanding of the general principles on which the scientist builds up his doctrines. Up to a few years ago, the British daily press fought shy of anything approaching technical discussion. For many years the German daily press has followed the practice of engaging experts to record the proceedings of the more important scientific congresses and conferences; and despite the fact that but little trouble was taken to dress these reports in simple language, the community followed them with the same eagerness as the Australian public follows the debates in Parliament or in the Caucus. The *Times* newspaper was the first of the British publications to follow this lead. Scientific journalists were employed to supply summaries of international scientific conferences, and the public undoubtedly read these accounts with surprising care. One large daily tried an experiment of devoting a whole page once a week to purely scientific matters. Others published scientific *causeries*, written brightly but technically withal. A marked step in the right direction was experienced at the last International Congress of Medicine, held in London in the summer of 1913. A great army of medical reporters was engaged by the proprietors of the *Times*, and the reports of the discussion in the twenty-two different sections filled page upon page of the greatest of the world's daily newspapers. A few years previously a similar but less extensive report was published of the proceedings of the International Congress of Applied Chemistry. These events show that the public is capable of being educated.

Dr. Greig-Smith has pointed out that science must be dealt with by scientific workers and not by the ordinary professional journalists. This has been widely recognized in Europe, and it is evident in the Commonwealth. Daily newspapers have an unhappy knack of confusing scientific issues and muddling scientific facts. We know of no better example of this inability to handle a technical subject correctly than the published account of the marvellously accurate demonstration of his gyrogeogram by Father (Dr.) Pigot. The tendency of to-day should be toward more accurate thinking and more accurate work, and medical men should set a bold example in seizing every opportunity to widen their scientific horizon. Our motto should therefore be to learn something of each other's science as well as our own.

THE VASCULAR CHANGES OF MIDDLE LIFE.

Hitherto, the activities of the public health service have been attracted toward the problems of the prevention of epidemic diseases, the improvement of the general health by sanitary and other hygienic means and the mechanical and chemical protection of workers in the various industries. Preventive medicine has grown up partly as a result of administrative measures, but more largely through the ingenuity of research workers in the laboratories and the skilled observation of far-sighted clinicians. Under these circumstances, the hygienist has not been able to apply prophylaxis to diseases such as cancer, arterio-sclerosis and rheumatism. When it was announced that the causes of invalidity and death arising from the various affections of the cardio-vascular system were to be included in the programme of an able Departmental Committee, we ventured to look forward to the breaking of fresh ground and the birth of a new and important chapter in preventive medicine. The report, which this Committee has issued, and of which we publish a full summary in the current issue, dispels an illusion. It is with a feeling of deep disappointment and genuine regret that we have to describe the report as a collection of vague statements, many of which may be challenged as to their reliability.

The Committee start with a preconceived idea that a solution of the problem of the dangers of middle

age is to be sought in a superficial survey of the knowledge concerning blood pressure. They associate rigidity of the arteries with increased arterial tension and with sudden death due to cardiac failure. They attribute the death of thousands of people of middle age to the results of chronic poisoning by alimentary toxins or by products of metabolism, or to the indirect effects of over-strain. They regard apoplexy in persons under 60 years of age as being directly caused by high tension; they associate the fatal issue in cases of pneumonia and pericarditis to a great extent with high tension; they speak of Bright's disease as a manifestation of high tension. On the basis of general statements, with which we deal below, they make suggestions presumably aiming at a reduction of these alleged causes of invalidity and death. Some of these suggestions may have some connexion with the matter in hand, but we confess that we have not been able to discern it. Others are excellent in themselves, but, although they have been put into practice more or less extensively, they have not, as far as we are aware, influenced the morbidity or mortality of cardio-vascular affections.

In the first place, the Committee closes its eyes to the fact that the ætiology of the conditions under discussions, conditions which every record of vital statistics reveal to be the most deadly of all, are but imperfectly understood. If the diseases of the arteries and heart are to be brought within the scope of preventive measures, arm-chair philosophy must be discarded for a carefully-planned and ingeniously-organized campaign, with workers in the wards, in the post-mortem room and in the laboratory. The statistician must supply information as to the exact extent of these pathological conditions, and each class must be separated from its neighbour, before an attempt is made to ascertain the factors contributing to the causation. After the preliminary spade-work has been carried out, it will be possible to take a survey of the situation and to determine whether any known means exist which might combat the fundamental noxes leading to these changes.

While we hold the opinion that an elaborate investigation is required to throw light on the causes of invalidity and death arising from affections of the cardio-vascular system, the Committee have attempted to grapple with this difficult problem by making sweeping assumptions. We would ask for evidence in support of the contention that the capillaries are thickened and hardened in the process known as arterio-sclerosis. The Committee speak of the causes of habitual high arterial tension, but neglect to give any information as to the actual physiology of this condition. Physiologists have endeavoured in vain to produce in laboratory animals a lasting rise in blood pressure. If the simple explanation put forward were true, should it not be easy to reproduce the effect in animals? The Committee assert that toxic blood acts on the blood vessels of the kidney, and produces widespread arterio-sclerotic changes. The evidence in support of this statement would be interesting. The Committee presents some statistics on the frequency of death due to apoplexy. Is there any proof that the deaths were all due to cerebral hæmorrhage, or is it not probable that thrombosis of the cerebral veins, embolism of the arterioles or acute œdema of the brain acted in many of these cases? The Committee announces to the world that the body cannot consume more than one and a half ounces of pure alcohol. Physiologists will demonstrate without difficulty that the human body can effect the combustion of a litre of alcohol and not exhaust its burning capacity. In the last place, it is surprising to learn that acquired syphilis is probably not a prime cause of general arterio-sclerosis. It is usually held among pathologists that arterio-sclerosis of the cerebral vessels in young individuals is always syphilitic, and that arterio-sclerosis generally is more frequently due to syphilis than to any other cause. The Committee has obviously got out of its depth.

KISSING THE BOOK.

An ancient, unhygienic practice, to which objection has long been taken by medical men, is to be removed in the Courts of Law in New South Wales. By the passing of the "Oaths (Amendment) Act, 1916," which received assent on March 29, 1916, the necessity of kissing the Bible has been done away with. The Act provides for a cleaner method of swearing. The witness may hold a copy of the Bible or of the New or Old Testament in his hand instead of kissing it. A minor alteration in the form of administering the oath consists in the repeating of the words: "So help me, God!" As an alternative, the witness or person taking the oath may repeat the whole of the prescribed wording. Swearing with the uplifted hand is also permitted. Although the new Act does not forbid an oath being taken in the old manner, it is to be anticipated that the public will be protected against the dangerous practice of impressing the lips on the cover of a much-soiled book in the future. The public gains more than does the medical profession, since doctors have sought in the past some means of escaping from the unsavoury and dangerous act by the interposition of the thumb between the lips and the book. The oath has the same legal effect, however administered, and the omission of the kissing does not rob it of its solemnity.

A lecture entitled "How to Keep Fit," delivered by Sir Thomas Anderson Stuart to the soldiers at the Liverpool Military Camp on June 4, 1915, has been published in pamphlet form. We are informed that these pamphlets are being distributed in large numbers among the military. The lecture covers much of the ground embraced in a lecture delivered at the Royal Society of New South Wales on September 14, 1915 (see *The Medical Journal of Australia*, September 25, 1915, p. 302). The subjects dealt with include microbes, dirt and disease; flies; rest and sleep; the skin; the hair; the eyes, ears and nose; bathing and swimming; the care of the feet; clothing; fresh air; drinking water; the teeth and mouth; the bowels and the urine; alcohol and tobacco; body parasites, and, lastly, sexual matters.

The value of this excellent, straight talk to soldiers is unquestionable. The Military Authorities have done wisely in facilitating the circulation of the pamphlet.

Abstracts from Current Medical Literature.

SURGERY.

(175) Brachial Birth Palsy.

W. Sharpe deals with the operative treatment of brachial plexus paralysis on the basis of a series of 56 cases treated by operation (*Journ. Amer. Med. Assoc.*, March, 1916). He points out that it is usually impossible to determine the mechanism of the damage to the brachial plexus during birth, since, in the excitement of a difficult labour, the obstetrician is rarely able to determine whether the head was pulled upward to assist the after-coming shoulder or pushed downward to allow the shoulder to slide beneath the symphysis. He discusses the anatomical conditions of the plexus, and deals briefly with the various types of brachial plexus paralysis. In mild cases, in which the brachial plexus has merely been overstretched or when the impairment of the arm is due to a simple dislocation of the shoulder joint, immobilizing the affected arm in a sling or bandage and elevating the adjacent shoulder will effect a cure. When there has been rupture and separation of the nerve roots this treatment cannot lead to lasting benefit. In all cases warranting operative interference, the author prefers to operate when the baby is one month of age. The prognosis is much less favourable when the operation is delayed, and after one year of age a useful arm is seldom obtained. The baby at one month stands the operation well, and little or no anæsthesia is required, so that the risk of anæsthesia may be eliminated. At this early age a more perfect union of the nerve fibres takes place, and when little delay intervenes there is less tendency for the formation of fibrous tissue. Lastly, there is no retraction of nerve ends at one month. In dealing with the technique of the operation, Sharpe emphasizes the necessity of allowing the mother to take the baby home with her a few hours after the operation. Babies kept in the ward without their mothers after operative interference do not do well. The incision is a transverse one, 4 cm. in length, about 2 cm. above the upper margin of the clavicle, and parallel to it. It lies in the lower part of the posterior triangular space, and has the external jugular vein, as a rule, in its central part. This vessel is either ligatured or retracted, and, by blunt dissection and retraction of the deep cervical fat, sterno-mastoid and omo-hyoid muscles, the deep cervical fascia is exposed. The transverse process of the sixth cervical vertebra may be used as a guide in finding the plexus. After the plexus has been exposed, a careful dissection should be made when much scar tissue is present to free the healthy nerve fibres of constricting fibrous tissue. It is better to expend time on this than to sacrifice normal nerve fibres. If the nerve roots are completely torn, the fibrous ends should be removed until the cross section appears normal. Exact apposition is essential to success in the suture of these nerves, and the nerve ends themselves and the sheaths must be sutured separately and accurately. The author uses fine black wax silk for suturing the sheaths, and lays great stress on the necessity of stopping all oozing before the skin incision is closed. By fastening the arm of the affected side to the head, all tension is removed. In conclusion, he relates the results obtained in these cases, and claims that they were satisfactory when the patient was operated on at one month of age.

(176) Pyloric Obstruction in Infants.

W. A. Downes reviews a series of 66 cases of pyloric obstruction in infants treated by operation, and describes in some detail Rammstedt's method of partial pyloroplasty (*Surg., Gynaec. and Obstet.*, March, 1916). Posterior gastro-enterostomy was carried out in 31 cases, but was discarded in favour of Rammstedt's method in the last 35 cases, on account of its high mortality. In Richter's, Scudder's and his hands the mortality of gastro-enterostomy was 22%. In his own cases, 11 out of 31 infants treated by gastro-enterostomy died. This is equal to a mortality of 35%. There were eight deaths in the second series, which is equivalent to a mortality of 23%. Two of these children died after a modification of pyloroplasty, which was subequently discarded. One infant died as a result of unrelieved blocking of the pylorus, due to a small tumour arising from the mucosa: four infants died within a few hours of the operation, having been moribund at admission, and the eighth died of inanition on the twenty-sixth day. He therefore claims that this operation yields much better results than gastro-enterostomy. It consists in incising the hypertrophied circular fibres of the pylorus and separating the muscle from the mucous membrane. The tumour is grasped firmly between the thumb and finger and the muscle incised. The separation from the mucous membrane is effected with a small pair of blunt-pointed, curved scissors, starting from the stomach end of the incision. Care must be taken that the mucous membrane is not injured. The organ is dropped back into the abdomen as soon as all the bleeding is controlled and the wound closed.

(177) An Unusual Symptom of Pancreatic Cyst.

J. Ransohoff (*Surg., Gynaec. and Obstet.*, March, 1916) records a case of pancreatic cyst causing unilateral hæmaturia. Pancreatic cyst is in itself extremely uncommon, and the author has been unable to learn of the occurrence of profuse hæmaturia in connexion with this disease in any recorded case. The patient was a man, aged 61, who had had attacks of acute abdominal pain in the umbilical region three years before admission and again one year before. A tumour was discovered in the left upper quadrant of the abdomen in June, and in September the patient passed large quantities of blood in the urine. The physical examination, including a cystoscopic and a radiographic investigation, appeared to justify the diagnosis of cystic sarcoma of the left kidney. At the operation, the kidney was found to be free from tumour. It was a little larger than normal and a little darker in colour. Further investigations revealed a cystic growth between the transverse colon and the greater curvature of the stomach. Over a litre of fluid was removed. It was somewhat viscid, blood-stained and contained numerous small, yellowish masses. Chemical analysis revealed the fluid to be pancreatic in origin, containing proteinose, amylose and lipose. The hæmaturia cleared up in about a week, but the abdominal incision did not do so well. The patient died seven weeks after the operation of a progressing broncho-pneumonia. The author suggests that a skiagram of the stomach and colon, filled simultaneously with barium, might have demonstrated the relation of the tumour to these organs, and therefore prevented the mistake in diagnosis.

(178) The Operative Treatment of Graves' Disease.

In gauging the results of operation for exophthalmic goitre, E. S. Judd and J. D. Pemberton (*Surg., Gynaec. and Obstet.*, March 1916) have only taken into consideration those patients who were operated on in 1909. Their series consists of 176 patients, of whom 121 have been followed up. The operations performed were (i.) ligature of the thyroid vessel (56 patients were treated in this way); (ii.) preliminary ligature, followed later by resection of thyroid gland, performed in 20 patients; and (iii.) primary resection of the thyroid, performed on 36 patients. In all, 55 patients were definitely cured. This is equal to 45.5%. In 16 of the 55 primary resection was performed; in 11 ligature with subsequent resection; in 24 ligature alone, and in four secondary ligature, or resection after primary resection. In a further 22 patients the condition was practically cured, but slight evidence of the disease was manifest at times. This represents 18.1%. In this group there were 11 primary resections, four resections following ligature, six primary ligature and one secondary resection. In a further seven patients marked improvement was obtained. In three of the seven simple ligature had been resorted to. In one primary resection had been performed, in another a resection had been carried out after ligature, and in two others secondary resection had been resorted to. In the next group there were five patients in whom the treatment produced some improvement. These included three operations for primary resection, one for simple ligature and one for secondary resection. Lastly, there were eight

patients who derived little or no benefit from the operation. In one of these a primary resection had been carried out, in another a secondary resection and in the remaining six simple ligature. The author points out that better results would probably have been obtained in some of the patients had the simple ligature been followed by resection. The oldest patient operated was 57 years of age and the youngest four years and two months. Both these patients were cured. Of the 176 patients operated on in 1909, 21 died. It appears that all these patients were operated on at the time of the maximum severity of the disease. The authors now realize that it would have been wiser to have postponed the operation until the patients had passed this period of maximum severity.

GYNÆCOLOGY AND OBSTETRICS.

(179) The Lie of the Fœtus in Utero.

In his presidential address to the Obstetrical Section of the Royal Society of Medicine, delivered in July, 1915, W. S. A. Griffith (*Journ. of Obstet. and Gynaec. of the Brit. Empire*, March-May, 1915) records his investigations into the causes of the fœtal position in the different months of pregnancy. After reviewing the older explanations for the fact that at term the fœtus lies head downward in the large majority of instances, he passes on to the consideration of the specific gravity of the fœtus and its constituent parts, the specific gravity of the *liquor amnii* and the effect of fœtal, uterine and maternal movements on the position of the fœtus. In determining the specific gravity of the fœtus, it is necessary to avoid error from the admission of air into the fœtus. He made 46 estimations, and demonstrated that in no instance did the specific gravity of the head exceed that of the remainder of the body before the end of the sixth month. In three out of nine normal fœtuses of the seventh month, the head had a higher specific gravity than the body. At full term the specific gravity of the head was considerably higher than that of the body in 13 out of 16. The specific gravity of hydrocephalic heads was low, and that of the head of an anencephalous fœtus was very high. The specific gravity of the amniotic fluid at body temperature is very low. He shows that movements do not affect the problem under discussion. A series of ingenious experiments demonstrate that the fœtus swims downward for the same reason as a ship swims keel downward. He shows that the centre of gravity was situated in the ninth month 0.5 cm. farther from the breech than the metacentre in two observations. In order to determine with accuracy the relative position of the centre of gravity and the metacentre, it was necessary to work out the latter on an accurately made wax cast.

(180) Plastic Operation on Ovary.

Whitacre (*Northwest Medicine*, January, 1916) urges conservative surgery upon damaged tubes and ovaries. He states that fibrous and graafian follicle cystic lesion is the one most encountered in operative work. The ovary is small, its surface irregular from protruding follicles, and covered by an incomplete or complete connective tissue capsule. Microscopically such ovaries show a firm dense capsule on a surface of definite smooth muscle, connective tissue hyperplasia in the substance of ovary, with cystic cavities and also normal follicles. At the hilus of the ovary there were sclerotic arteries and thickened veins. The connective tissue covering is the most important factor in preventing the follicles' normal approach to the surface, and converts them into retention cysts. On close examination patches of normal bearing follicles can always be found amongst this ovarian degeneration. The author is therefore forced to oppose the practice of complete extirpation of ovaries in cystic disease, and is of opinion that by conservative measures enough healthy tissue can be retained in even badly damaged ovaries to carry on their functions of internal secretion. It has been his experience that very few patients have had to have a second operation, and some have become pregnant. His technique requires the removal of a V-shaped piece of tissue by incisions extending from end to end of ovary, the open end of the V including most of one end (usually the outer). Cysts in the remaining tissue and connective tissue plaques on the surface are then removed, and No. OO continuous catgut suture is used to suture each cut edge to the bottom of the incision.

(181) Retained Adherent Placenta.

Mingus (*Northwest Medicine*, January, 1916) reports a case of retained placenta in which abdominal hysterotomy was found necessary for its removal. The patient, aged 29 years, had had a previous eight months' child, with a partially adherent placenta, which was removed manually. In her second confinement the child was born in eight hours, the uterus was firm, but there was an entire absence of bleeding. After 15 minutes, manipulation was tried to expel the placenta without result. After 30 minutes Credé's method was tried. The uterus became firm, but there was no bleeding and no appearance of placenta. After two hours a vaginal examination was carried out. No part of the placenta was found in the lower uterine segment, which was well closed down. After eight hours' rest, Credé's method was again tried without success. Under ether the lower uterine segment was closed down, but the lower margin of the placenta could be felt. There was no bleeding. The cervical canal was packed with gauze for 24 hours without result or bleeding. After the lapse of a further 36 hours the patient was taken to hospital and anæsthetized. Preliminary examination again revealed the fact that there was no separation, and that it was densely adherent, and only a small part of the lower margin could be manually separated, on account of the impossibility of introducing the whole of the hand through the densely contracted lower uterine segment. The abdomen was then opened, and a right uterus unicornis found. The placenta was situated in the upper part of uterus, which was very thin. The organ was opened, the adherent placenta shelled out, and the incision sutured.

(182) Carcinoma of the Cervix.

The method of dealing with cervical carcinoma advocated by Percy (*Amer. Journ. of Obstet.*, August, 1915) has undergone further trial, and is spoken of with approbation by many operators. All lay stress on the importance of strict adherence to the Percy technique, and some insist that only carefully selected cases should be operated on. The chief dangers referred to are injury to the uterus and the formation of large sloughs, with consequent septic infection. It is understood, however, that with increased experience these dangers can be greatly minimized, patience on the part of the operator being a most essential quality. The results claimed are rapid shrinkage of the growth and improvement in the general condition of the patient. No statistics are as yet available to indicate that real advance has been made in the treatment of this refractory disease; time alone can demonstrate its value. The basic principles of the treatment have been known for many years, but to Percy belongs the merit of applying prolonged heat in a scientific manner. His "cold iron" is used at a temperature of 113° F., the object being to coagulate the albumin of the cancer cells, but not to carbonize the tissues. According to the author, experiment has shown that prolonged heat at this temperature will attack cancer cells, leaving healthy tissue untouched.

(183) Pituitary Extract in Placenta Prævia.

P. Gallagher and H. Gallagher (*Surg., Gynaec. and Obstet.*, April, 1916) have used pituitary extract in four cases of marginal placenta prævia with good results, and feel justified in recommending its use. They suggest that everything should be in readiness for the performance of podalic version and for applying metreurysis, if necessary. They give pituitary extract in ½ cm. doses, and repeat this as required during the latter part of the first stage of labour. When the dilatation is complete they give from 1 to 1½ cm. They suggest that patience should be exercised, but that the obstetrician should be minutely informed in regard to the presenting part of the fœtus and the condition of the mother. When the loss of blood is extreme, intravenous injections of saline fluid should be given at once. Asepsis, of course, is a necessity.

THE RISKS OF MIDDLE AGE.

The Federal Departmental Committee appointed to examine the causes of death and invalidity in the Commonwealth have issued a second report within a very short time of the first one. This report deals with the risks of middle age.

The authors point out that full development of the larger blood vessels is attained at about the age of 30, and is maintained for about 10 years. They find that slow changes begin at about 40 years of age, and from that time onward the arteries tend to become more and more rigid. Men usually find it necessary to relinquish severe forms of exercise and to regulate their lives as these changes increase. They continue by asserting that the actual stiffening of the arteries at the wrist from these unavoidable processes is not as a rule distinctly perceptible before the age of 60 years. Arterial bood tension is said to increase by not more than 30% as a result of these changes in middle life. Avoidance of strain and a proper regime may suffice to preserve an active, healthy life for a considerable time. They then proceed to deal with the onset of arterio-sclerosis at a comparatively early age. When the small and minute arteries and the capillaries become thick and stiff, the heart has to pump against an increased resistance, and the left ventricle hypertrophies in consequence. The blood pressure rises by 50%, 100%, or even 150%. The individual may consider himself robust, but sudden death is not uncommon under these conditions, and the individual has a lessened resisting power against acute infections, such as pneumonia or enteric fever.

They enter on a discussion on the causes of these arterial changes. They state without hesitation that everything which favours chronic poisoning of the blood, with alimentary toxins, or with products of tissue change, and everything which encourages infections of the blood from the intestines, or from the throat, must count among the causes of excessive blood tension. The causes are therefore accumulated waste products and unreasonable strain. Dietetic errors, vigorous athletic sport, and overwork, both physical and mental, may act side by side.

Dealing first with dietetics, they quote Attwater's three diets, which provide 3500 calorics daily for a man taking a moderate amount of exercise, in addition to 125 grammes of protein to effect the replacement of nitrogen lost in metabolism. The first diet consists of 13 ounces of round steak, 3 ounces of butter, 6 ounces of potatoes, and 22 ounces of bread. The second consists of 10 ounces of neck of beef, 1 ounce of butter, 1 pint of milk, 16 ounces of potatoes, 16 ounces of bread, 4 ounces of oatmeal, and 3 ounces of sugar. The third diet consists of 10 ounces of the upper shoulder of beef, 6 ounces of ham, 2 eggs, 2 ounces of butter, 1 pint of milk, 12 ounces of potatoes, 9 ounces of flour, and 1 ounce of sugar. The British Standard War Ration at the end of 1914 was as follows:—1¼ pounds of fresh meat, 1¼ pounds of bread, 2½ ounces of sugar, 4 ounces of jam, 8 ounces of vegetables, 2 ounces of oatmeal, 2 ounces of bacon, and 2 ounces of cheese. They point out that it has been claimed that a soldier can be maintained in robust health on about 50 grammes of protein a day, but the more usual opinion is that 125 grammes should be given. The authors insist that the requirements of the individual vary greatly. All excess, beyond that which is necessary, tends to upset digestion, and to disturb the natural bacterial flora of the alimentary canal. Irregular fermentations, the production of soluble poisons, which are partly absorbed into the blood, and occasional hæmic infections by intestinal bacteria are the results named. They attempt to trace the sequence of events in the production of increased arterial tension. The toxic blood acts specially on the vessels and on the kidneys. The small arteries contract, and their muscular coats hypertrophy. Later, all the coats are thickened, fibrosis takes place, and the arteries become rigid instead of elastic. The left ventricle of the heart hypertrophies often until it becomes three times its usual weight. The gravity of the condition depends mainly on the state of the small vessels.

The changes due to toxic activity affecting the kidneys leads to shrinkage and fibrotic conditions. They refer to the contracted granular kidney, but call attention to their contention that there is an endless variety in the process, according to the intensity of the irritant present and the rate of the development of the changes. In some cases the renal changes are dominant, and the changes in the blood vessels are less markedly affected. In others the blood vessels are gravely affected, and the kidneys are relatively little changed. The authors put forward these suggestions as a basis for practical suggestions.

In dealing with apoplexy, they show the frequency of this condition as a cause of death, and emphasize the fact that it occurs not uncommonly in persons between 20 and 60 years of age, although it is usually met with in persons over 60. They state that the majority of the deaths in the younger individuals may be traced to high tension. Similarly, they associate pneumonia and pericarditis with high tension. In a brief reference to Bright's disease they state that the kidneys are seriously diseased in a large proportion of persons dying in public hospitals. In many cases of Bright's disease, the patient dies of some other condition, and consequently the cause of death registered may lead the statistician astray. They also devote a few lines on the period of failing tension. In hospital practice, at least two-thirds of the deaths attributed to organic disease of the heart would come under this category.

The next chapter is headed "Preventive Measures." These include the regulation of muscular exercise, with avoidance of strain sufficiently severe to embarrass the circulation. In regard to diet, they state that the greatest simple cause of high tension is overloading the system with food. The use of meat for the production of energy is regarded as wasteful and injurious. The Committee have come to the conclusion that the diets quoted as standards must not be used as menus, but only as guides for quantities. Certain elements in foods may be of great importance to the body, even when the quantities included in the foods are extremely minute.

In regard to alcohol, the authors consider that, while excess may lead to disturbance of digestion and indirectly load the blood with impurities, this agent is not the prime cause of high tension and vascular changes. They quote "many authorities" as holding the opinion that the body cannot consume fully more than 1½ ounces of pure alcohol, or more than 3 ounces of proof spirit. They say that alcohol, as an article of diet, is unnecessary. They hold the opinion that tobacco smoking in moderation does not play an important part in producing habitual high tension in man, but in view of the experimental findings in animals, excess should be avoided, especially in the critical period between 40 and 50.

They make the statement that syphilis is not a prime cause of general arterio-sclerosis, though it is a potent cause of other severe arterial disease. When other causes are acting, syphilis may intensify the mischief. Gout and lead poisoning are regarded as important factors in producing arterial rigidity and chronic renal disease.

In conclusion the Committee makes the following recommendations:—

1. That the system of medical inspection of schools be extended, so that physical faults may as far as possible be corrected, and that caution may be administered concerning children whose powers are below the normal standard.

2. That instruction be given in the schools concerning personal hygiene.

3. That enquiry be instituted concerning the prevalence of unduly high tension in certain occupations. For example, the worker in iron and the miner might be compared with the agricultural worker. This enquiry might be pursued in part at least through the Medical Registrars of the large hospitals.

4. That further enquiry be made concerning the influence of special diets and other agents on animals.

5. That provision be made so that industrial workers of both sexes need not return to arduous work after serious illness till there has been time for proper convalescence. Some system of medical inspection would be necessary.

6. That provision be made to encourage the early diagnosis and treatment of high tension.

7. That there should be a system of oversight of the health of industrial workers, correlated with provision of tempo-

rary relief, when necessary, by an insurance scheme, or by temporary invalidity pensions, or otherwise.

8. That the present legislation and regulations concerning the sale of alcohol should be reconsidered.

The Committee add, in an appendix, some extracts from the publications of the Commonwealth Statistician and from other sources, to illustrate the annual consumption of alcohol, and the amount and price of food consumed by persons of small means.

THE ROYAL SOCIETY OF NEW SOUTH WALES.

At the annual meeting of the Royal Society of New South Wales, held on May 3, 1916, the retiring President, Dr. R. Greig-Smith, delivered his Presidential Address on "Science and Industry." He pointed out that the British Empire was on the eve of an industrial change, and that there were signs that science was about to receive some of the recognition that was its due. The war had shown that many of the opportunities had been neglected in the past, and that the enemy had been allowed to make much headway in certain industries. The primary and secondary industries were founded on a scientific basis, and a failure to recognize this fact had given Germany her opportunity. He showed that the value of anilin dyes imported into Great Britain in 1913 was 1¾ million pounds sterling, and the shortage of dye seriously influenced the textile and other industries, which produced about 200 millions pounds sterling annually.

It might not be economically sound to make an article for 1s which could be imported for 6d, but it was exceedingly useful in an emergency when the article could not be obtained. He maintained that economy of production would be the only way to meet the difficulties after the war when increased taxation and high cost of labour reduced the spending power of the individual. Mr. Lloyd George had stated that Britain was increasing and improving her industrial resources, and that scores of millions' worth of automatic machinery had been introduced, which would have an enormous effect on the industries when the war was over. The speaker therefore claimed that, in order to cope with new conditions, science and industry must be mobilized and must work harmoniously together. All the available resources of science were being utilized in the war, and the scientist was working in his obscure laboratory, unheard of and unseen. As the scientist did not believe in living in the limelight he was usually ignored. It was unfortunate that in this world a man was put at his own valuation, and as the scientist cared little for the opinion of the world, he was not accorded the credit that was his due. The speaker thought that scientists would have to change their ways and get into the limelight for the advantage of the science they loved.

He pleaded for more combination of work between scientific men, for it was combined work that had given Germany its pre-eminence in certain industries. German scientists were less brilliant than those of the allied nations, but they had the faculty of plodding that amounted to genius.

The responsible heads of the majority of the industries were purely business men, and had little time for science. The Colonial Sugar Refining Company was an exception to this rule. This company trained its young men in its own chemical laboratory, gave them a course of microbiology in the speaker's laboratory, and sent them to the University to render them efficient chemists. Under ordinary industrial conditions, and even in the Governmental service, scientific workers were not on a higher level than the clerical staff. They had relied on the Government for guidance, but the Government was a business, and had all the good and bad traits of a business. It had not understood the value of science in the past. The speaker hoped that the war would teach the Government an important lesson. While science had been utilized extensively in the munitions and equipment of war, the British Government had suggested that the British universities should not fill any unoccupied chairs until after the war, and that some of the institutions and departments should be closed. At the same time it appointed three new judges at £5000 a year each, and a Secretary to the Lord Chancellor at £2000 a year. Dr. Greig-Smith asked what law had done to enable us to win this great war, or what clerical work had done? Yet the Government paid some of its clerks better than its scientists.

He referred to the appointment of an Advisory Council of Scientific and Industrial Research in Great Britain, and to the establishment of a Commonwealth Bureau of Science and Industry. He dealt with the latter in much detail, and expressed the hope that it would not be postponed until the public forgot the necessity for its foundation, because the scheme would have to be well considered before the bureau takes its final shape.

He urged the necessity of teaching science in school on the ground that a scientific inclination could only be awakened by bringing the young up in a scientific atmosphere. He passed some caustic remarks on the fact that classical subjects took preference to scientific subjects in civil service examinations. While they were waiting for scientific enlightenment of the masses, a certain amount of leavening might be done by the press. He thought the papers read at the meetings of scientific societies should be abstracted and done up in a pleasant way for public consumption. The scientific man could not do this, for he was too scientific and exact. The ordinary journalist was too unscientific and inexact. What was required was a scientific journalist. He quoted Ray Lancaster's articles, "Science from an Armchair," as the type of this kind of article required. He suggested that the heading should be selected to attract the eye, that the opening paragraph should convey the idea that something wonderful was about to follow, that the gist of the information expressed in non-technical language should follow, and at the end the name of the Society should be introduced. As a rule the name of the Society was given first, and the public was frightened and lost some valuable information.

Reverting to the future of the Institute of Science and Industry, the speaker expressed some doubt in regard to the chances of success. At the present moment the Commonwealth had the laboratories of the Customs and Excise and the States had the various departmental laboratories directly under their control, and indirectly they controlled the Universities through the public purse. He doubted whether the State Governments had been sufficiently considered. If the Commonwealth wished to take all the kudos and leave the States to do the greater part of the work and to pay the piper, the prospects were not very promising. The fact, however, that the Ministers of Agriculture of the several States had been included as *ex-officio* members of the Preliminary Advisory Council might obviate any friction that threatened to occur. He considered that it was strange that the Linnæan Society of New South Wales was represented neither on the Committee nor on the Preliminary Advisory Council.

In the next place, he dealt with a number of other bodies, including the Society of Chemical Industry, the Australasian Chemical Association, the Munitions Committee, and the National Industries Committee, whose energies were directed towards a solution of the problems created as a result of the war. He regarded the existence of these various Committees and Boards as a sign that the country was passing through a critical time, and that during the extended wave of commercial depression, which would follow the war, each industry would require to utilize every available resource to remain solvent. He regarded these bodies as a sign that the country was waking up, and that it should be a self-supporting community.

Holding the view that the time was not yet ripe for the manufacturers and the scientists of the Commonwealth to co-operate, Dr. Greig-Smith analysed the reasons which kept these two bodies of men apart, and suggested methods whereby the services of scientists might be made more and more acceptable to the business manufacturer. He held that the manufacturer would prefer to entrust his secrets to a single adviser, who would be sworn not to divulge what he sees in the factories, than to a committee consisting of a number of men.

In the latter part of his address, Dr. Greig-Smith turned his attention from the abstract to the concrete, and dealt in some detail with a number of instances, in which scientific

advice could be proved to be of economic importance to the manufacturer. Having touched on the necessity of controlling barytes and other substances requiring grinding by microscopical examination, he called attention to the importance of the so-called utilizable waste. In regard to labour he set up the thesis that the establishment of new industries was dependent on the stability of labour. In Australia labour appeared to think that it was being exploited, by capital, and did not realize that it was feeding upon capital. Turning from men to matter, he showed that in the case of waste tin plate, it had paid a Melbourne firm before the war to buy the waste from a large Sydney firm, despite the cost of freight. Smaller companies were paying to have waste tipped. He calculated that about £53,000 worth of tin was being thrown away annually, and that the cost of throwing this valuable material into the sea amounted to an additional £5,000.

He suggested that the greatest national waste was to be sought in the loss of the utilization of fuel. One of the greatest sources of loss was associated with the use of the wasteful beehive coke oven. This oven was being superseded by the by-product oven as a result of the threat on the part of the Germans to replace Durham coke by coke made from Durham coal. He proceeded to show the enormous value of the by-products from coal. With the exception of the Broken Hill works at Newcastle there were no by-product coke ovens in use in New South Wales. He calculated that in 10 months in the year 1913 4,000,000,000 cubic feet of gas, from 4,400 to 7,800 tons of ammonium sulphate, from 12,500 to 25,000 tons of tar, and from 1,000,000 to 1,750,000 gallons of crude benzole had been wasted.

The speaker devoted a few words to the economy of regaining fatty bodies at present discarded as waste, and then turned his attention to the manufacture of kerosene from shale. Another industry which he considered should be developed in New South Wales was the preparation of tannin extract. The black Cypress pine, *Callitris calcarata*, was eminently suitable for this purpose. He pleaded for a more general use of Australian timbers, and recorded with satisfaction that native wood was specified in certain Government contracts.

The work of H. G. Smith on the utilization of the oils of some of the indigenous trees had opened up a very profitable and interesting industry. Dr. Greig-Smith described some of the uses of the oils obtained from the various eucalytus trees. In the process of manufacturing perfumery geraniol and citronellol were used as chief ingredients in "otto of roses," while methyl-eugenol, obtained from the leaves of *Melaleuca bracteata*, the common ti-tree, may be used for the production of vanilla, if one of the methyl groups could be replaced by a hydroxyl group. H. G. Smith had discovered a khaki-coloured dye called *myrticolorin*. This was obtained by extracting the powdered leaves of the red stringy bark with hot water, and allow the dye to separate as the solution cooled. It was absolutely fast.

The short-sightedness of neglecting to support research laboratories is illustrated in the record which he gives of the technological museum. When the Curator and the Assistant Curator retired, as they shortly would, there would be no one trained to take their places. Their methods, which had taken years of careful and patient study to evolve, would be lost. What was the use of neglecting a man during his lifetime and raising a monument to him after he was dead? He thought that it would pay the State to supply Mr. H. G. Smith with a staff of trained assistants, and to make him Director of a Research Laboratory. After instancing other directions in which waste could be avoided by the co-operation and collaboration of science and industry, he concluded by again pointing out that it needed the war to quicken the perception of the British peoples, and to show them that they could be mutually helpful to one another.

The announcement was made that the following had been elected to the various offices for the year 1916-17:—

President: Mr. T. H. Houghton, M.I.C.E.

Vice-Presidents: Dr. F. N. Quaife, M.A., M.D., Dr. R. Greig-Smith, D.Sc., Mr. H. G. Smith, F.C.S., and Mr. Charles Hedley, F.L.S.

Honorary Treasurer: Dr. H. G. Chapman, M.D.

Honorary Secretaries: Mr. R. H. Cambage, F.L.S., and Mr. J. H. Maiden, F.R.S., F.L.S.

Members of Council: Dr. J. B. Cleland, Professor H. S. Carslaw, Professor C. E. Fawsitt, and Professor W. H. Warren, Mr. E. C. Andrews, Mr. D. Carment, Mr. W. S. Dun, Mr. J. Nangle, Mr. C. A. Süssmilch, and Mr. H. D. Walsh.

In presenting the annual financial statement, Dr. H. G. Chapman said that he regretted the absence of a Research Fund. There was no fund in New South Wales except that of the Australasian Association for the Advancement of Science, from which grants could be made in aid of research. What was needed was a sum of money, the interest from which should be spent as grants in aid of investigations actually in progress. Such grants might be similar to those made by the Committee of the Royal Society of London. These sums of money would not be devoted to the payment of the investigator for his services, but for the apparatus and material used in the research. These grants should not be given to those initiating new investigations, but to those who were unable to complete investigations, already started, for lack of apparatus and material.

Naval and Military.

In the 167th list of casualties, it is reported that Captain F. S. Bond, of Bruthen, Victoria, has died of illness, and that Captain McKillop, of Dalby, Queensland, is wounded and dangerously ill. In the same list it is announced that Captain A. L. Buchanan and Captain A. J. Adey have returned to duty.

The following appointments and promotions have been announced in the *Commonwealth Gazette*, No. 51, of April 20, 1916:—

Lieutenant-Colonel A. H. Sturdee, V.D., to be Assistant Director Medical Services, and is granted the temporary rank of Colonel whilst holding such appointment. Dated 1st January, 1916.

Captain J. E. Dods to be Major, and to be Deputy Assistant Director Medical Services, *vice* Major (temporary Lieutenant-Colonel) A. H. Tebbutt transferred to Intermediate Base Depôt. Dated 1st January, 1916.

Army Medical Corps.

To be Lieutenant-Colonels—

Major (temporary Lieutenant-Colonel) C. G. Shaw (and to command 1st Field Ambulance), Major D. G. Croll (and to command 2nd Light Horse Field Ambulance), Major H. N. Butler (and to command 3rd Field Ambulance). Dated 1st January, 1916.

To be Majors—

Captain G. A. W. J. Knight, Captain W. A. Fraser, Captain E. M. Ramsden, Captain W. T. Newton, Captain J. J. Nicholas. Dated 1st January, 1916.

Army Medical Corps.

To be Lieutenant-Colonels—

Major G. P. Dixon (and to command 1st Light Horse Field Ambulance), Major A. J. Meikle (and to command 4th Field Ambulance). Dated 1st January, 1916.

To be Majors—

Captain R. Fowler, Captain E. R. White, Captain J. Reiach. Dated 1st January, 1916.

2nd Australian Division.

Divisional Staff—

Captain H. K. Fry to be Deputy Assistant Director Medical Services, and is granted the temporary rank of Major whilst holding such appointment, *vice* Lieutenant-Colonel R. J. Millard transferred to Intermediate Base Depôt. Dated 1st January, 1916.

Army Medical Corps.

To be Majors—

Captain A. P. Wall, Captain E. T. Brennan, Captain C. G. G. Moodie. Dated 1st January, 1916.

Lines of Communication Units.

1st Australian Casualty Clearing Station.

Major H. S. Newland to be Lieutenant-Colonel and to command. Dated 1st January, 1916.

To be Majors—

Captain (temporary Major) R. D. Campbell, Captain R. L. Rosenfield. Dated 1st January, 1916.

To be temporary Major—

Captain R. D. Campbell. Dated 13th December, 1915.

1st Australian Stationary Hospital.

Major (temporary Lieutenant-Colonel) H. A. Powell to be Lieutenant-Colonel and to command. Dated 1st January, 1916.

To be temporary Lieutenant-Colonel—

Major H. A. Powell. Dated 13th December, 1916.

To be Majors—

Captain B. M. Sutherland, Captain E. A. H. Russell. Dated 1st January, 1916.

2nd Australian Stationary Hospital.

Major G. W. Barber to be Lieutenant-Colonel and to command. Dated 1st January, 1916.

To be Majors—

Captain J. C. Storey, Captain J. J. Hollywood. Dated 1st January, 1916.

1st Australian General Hospital.

To be Lieutenant-Colonels—

Major J. B. McLean, Major W. E. Summons. Dated 1st January, 1916.

To be Major—

Captain B. Quick. Dated 1st January, 1916.

To be temporary Major—

Captain J. T. Tait. Dated 1st January, 1916.

2nd Australian General Hospital.

To be Lieutenant-Colonel—

Major J. Gordon. Dated 1st January, 1916.

To be Majors—

Captain R. A. P. Waugh, Captain H. R. G. Poate, Captain C. Yeatman. Dated 1st January, 1916.

To be temporary Major—

Captain L. W. Bond. Dated 1st January, 1916.

3rd Australian General Hospital.

To be Lieutenant-Colonel—

Major J. S. Purdy. Dated 1st January, 1916.

1st Auxiliary Hospital.

Major J. R. Webb to be temporary Lieutenant-Colonel and to command. Dated 1st January, 1916.

To be Major—

Captain H. H. B. Follitt. Dated 1st January, 1916.

2nd Auxiliary Hospital.

Captain H. Flecker to be Major and to command. Dated 1st January, 1916.

3rd Auxiliary Hospital.

Major W. C. Grey to be Lieutenant-Colonel and to command. Dated 1st January, 1916.

To be Major—

Captain R. W. Chambers. Dated 1st January, 1916.

4th Auxiliary Hospital.

Captain T. F. Brown to be temporary Major and to command. Dated 1st January, 1916.

Convalescent Depôts.

Captain C. E. Wassell to be Major and to act as Staff Officer, El Hayat Convalescent Depôt, Helouan. Dated 1st January, 1916.

Captain H. H. D. Turnbull to be temporary Major whilst commanding the Ras-el-Tin Convalescent Depôt.

The following has appeared in the *Commonwealth of Australia Gazette*, No. 54, under date of May 4, 1916:—

1st Military District.

Australian Army Medical Corps—

Honorary Captain L. G. A. MacDonnell is transferred from Australian Army Medical Corps Reserve and granted temporary rank and pay of Major, at rate prescribed by Universal Training Regulation 160, whilst holding appointment at No. 6 Australian General Hospital. Dated 28th March, 1916.

Australian Army Medical Corps Reserve—

Simson Stuart, Nigel Alan Allison Trenow, Robert Allan Gordon Malcolm, John Alexander Cameron, and Reginald Freshney to be Honorary Captains. Dated 17th April, 1916.

William Hirst Kilner to be Honorary Lieutenant. Dated 17th April, 1916.

2nd Military District.

Australian Army Medical Corps—

Captain A. J. Mackenzie to be Senior Medical Officer, Liverpool Camp, with temporary rank and pay of Major, at rate prescribed by Universal Training Regulation 160. Dated 7th March, 1916.

The appointment of Captain (temporary Major) H. C. E. Donovan as Senior Medical Officer, Liverpool Camp, is terminated. Dated 29th February, 1916.

Australian Army Medical Corps Reserve—

David Arthur Welsh to be Honorary Major. Dated 17th April, 1916.

George Mervyn Hay, Robert Algernon Fox, Harry Garnet Phippen, Robert Menzies Kinross, Murray Menzies Vernon, William John Morton, Francis Seavington Stuckey, Ernest Ambrose Marsden, Rudolph Bohrsmann, and William Bryce Kerr to be Honorary Captains. Dated 17th April, 1916.

Warrant Officer P. H. McNeice to be Honorary Lieutenant. Dated 17th April, 1916.

The appointment of Honorary Captain A. Benjamin is withdrawn.

3rd Military District.

Australian Army Medical Corps—

Temporary Lieutenant-Colonel W. B. Vance is transferred from command of No. 5 Australian General Hospital, and to be Officer Commanding No. 11 Australian General Hospital. Dated 1st April, 1916.

Honorary Major A. Honman to be Officer Commanding No. 5 Australian General Hospital, with temporary rank and pay of Lieutenant-Colonel, at rate prescribed by Universal Training Regulation 160. Dated 1st April, 1916.

Australian Army Medical Corps Reserve—

Honorary Major W. E. Jones to be Honorary Lieutenant-Colonel (temporarily). Dated 1st April, 1916.

David Murray Morton be Honorary Major. Dated 17th April, 1916.

Eric Macallan Gordon-Glassford, Frederick Jorgen Jensen, Herbert William Fankhauser, and Oswald Joynt to be Honorary Captains. Dated 17th April, 1916.

Albert Ludwig Beischer, Leslie Ross McGregor, and Ernest James Adam to be Honorary Lieutenants. Dated 17th April, 1916.

The age for retirement of Lieutenant-Colonel N. B. Gandevia, V.D., is extended under the provisions of Commonwealth Military Regulation 134, as amended by Statutory Rule 128/1914. Dated 17th April, 1916.

The age for retirement of Honorary Major J. W. Springthorpe is extended under the provisions of Commonwealth Military Regulation 134, as amended by Statutory Rule 128/1914. Dated 17th April, 1916.

5th Military District.

Australian Army Medical Corps—

Honorary Captain F. J. Walden is transferred from Australian Army Medical Corps Reserve, and to be Senior Medical Officer, Australian Imperial Force Camp, with temporary rank and pay of Major, at rate prescribed by Universal Training Regulation 160. Dated 1st April, 1916.

The appointment of Honorary Captain (Temporary Major) W. J. Beveridge as Senior Medical Offi-

cer, Australian Imperial Force Camp, is terminated. Dated 31st March, 1916.

Australian Army Medical Corps Reserve—

Arthur Cardell Oliver to be Honorary Captain. Dated 17th April, 1916.

6th Military District.

Australian Army Medical Corps—

Captain (Honorary Major) D. H. E. Lines to be Principal Medical Officer (temporarily), with pay consolidated at rate of £300 per annum, whilst holding such appointment. Dated 16th April, 1916.

Captain G. Sprott to be Captain and Honorary Major. Dated 16th April, 1916.

Captain (provisional) C. G. Thompson, Staff Officer for Invalids, to be Officer Commanding No. 12 Australian General Hospital, and Staff Officer for Invalids, with temporary rank and pay of Major at rate prescribed by Universal Training Regulation 160. Dated 15th March, 1916.

Honorary Captain L. C. Webster to be Honorary Major (temporarily). Dated 15th March, 1916.

Honorary Captain R. G. Scott to be Honorary Major (temporarily). Dated 15th March, 1916.

The appointment of Captain (temporary Major) G. Sprott as Principal Medical Officer (temporarily) is terminated. Dated 15th April, 1916.

Australian Army Medical Corps Reserve—

Ivan Rupert Elliott to be Honorary Lieutenant. Dated 17th April, 1916.

Public Health.

THE HEALTH OF NEW SOUTH WALES.

The following notifications have been received by the Department of Public Health, New South Wales, during the fortnight ending April 29, 1916:—

	Metropolitan Combined Districts.		Hunter River Combined Districts.		Remainder of State.		Total.	
	Cs.	Dths.	Cs.	Dths.	Cs.	Dths.	Cs.	Dths.
Enteric Fever	37	5	5	0	71	8	113	13
Scarlatina	100	0	6	0	146	0	252	0
Diphtheria	160	6	9	1	204	7	373	14
Cerebro - Spinal Meningitis	0	1	1	1	1	0	2	2
Infantile Paralysis	3	1	1	0	16	0	20	0
Pulmonary Tuberculosis	71	1	1	1	†	—	72	2
Malaria	1	0	—	—	—	—	1	0

† Only notifiable in the Metropolitan and Hunter River Districts.

INFECTIVE DISEASES IN WESTERN AUSTRALIA.

Disease.	Perth. Cases.	Fremantle. Cases.	Rest of State. Cases.	Total. Cases.
Enteric Fever	0	0	5	5
Diphtheria	2	0	4	6
Pulmonary Tuberculosis	1	2	3	6
Cerebro - Spinal Meningitis	0	2	0	2

INFECTIVE DISEASES IN QUEENSLAND.

The following notifications have been received by the Department of Public Health, Queensland, for the week ending April 29, 1916:—

Disease.	No. of Cases.
Enteric Fever	31
Diphtheria	34
Cerebro-Spinal Meningitis	3
Scarlatina	1
Pulmonary Tuberculosis	4
Infantile Paralysis	2
Erysipelas	1
Malaria	2
Ankylostomiasis	2

INFECTIVE DISEASES IN HOBART.

The following notifications have been received by the Health Department, Hobart, during the month of March, 1916:—

Disease.	No. of Cases.
Diphtheria	14
Enteric Fever	4
Pulmonary Tuberculosis	2
Scarlatina	3
Ophthalmia Neonatorum	1

THE CONTROL OF MILK.

A special regulation under the Food and Drugs Act, 1908, has been issued by His Excellency the Governor of South Australia in the *Government Gazette* under date April 27, 1916. The regulation has reference to the supply of condensed milk and supersedes the previously existing regulations. Unsweetened condensed milk is milk which has been condensed by the evaporation of a portion of its water content and sterilized by heat. Sweetened condensed milk is milk which has been condensed in the same manner and to which cane sugar has been added. When condensed milk is diluted with distilled water in the proportion set out on the label, the resulting fluid must conform to the standard for milk in respect to total solids, fats, and solids not fat. Every vessel containing condensed milk for sale must bear a label setting out the weight of water required to be added to a given weight of the preparation in order to produce a fluid which will conform to the standard for milk.

Vital Statistics.

SOUTH AUSTRALIA.

The returns of the births and deaths registered in South Australia during the month of March, 1916, are published as usual in the *South Australian Government Gazette* of April 20, 1916.

The population of the State is estimated at 441,690.

There were 1,065 births registered during the month, which is equivalent to an annual birth-rate of 28.92. In March of 1911 the equivalent annual birth-rate was 28 44; it remained approximately at this level in March of 1912 and 1913, rose in March of 1914 to 33.6 and fell again to 29.28 in March of 1915. The birth-rate in the city of Adelaide was slightly lower than that of the whole State in the month under review, whereas it had been higher in March of 1911, 1912 and 1913.

During the month there were 398 deaths, including 81 of infants under one year of age and 133 of persons of 60 and over. The general death-rate was equivalent to an annual rate of 10.80 per 1,000 of population. The equivalent rate for March was 8.88 in 1911, 10.08 in 1912, 10.56 in 1913, 10.68 in 1914 and 9.48 in 1915. The infantile mortality was 76.05 per 1,000 births.

Among the causes of death, organic diseases of the heart produced 35, cerebral hæmorrhage 16, and other diseases of the circulatory system 8, making 59 due to affections of the cardio-vascular system. Of the infective conditions, diarrhœa and enteritis caused 63 deaths, tuberculosis 22, diphtheria 15, enteric fever 8, dysentery 2, tetanus 2, meningitis 5, and pertussis 1. In addition, there were 23 deaths from penumonia and 5 from bronchitis. Nine deaths were due to Bright's disease. Cancer caused 31 deaths. There were two deaths from puerperal septicæmia, and two deaths due to conditions or accidents associated with pregnancy.

The returns for the city of Adelaide are given separately, and are arranged for the whole city and each ward. The death-rate in the second table is corrected in so far as the deaths of persons not usually resident in the city are excluded. As mentioned above, the birth-rate was lower in the city than in the whole State, being equivalent to an annual rate of 26.64. There were 72 deaths registered during the month, which is equivalent to an annual death-rate of 19.8. The total number of deaths is too small to admit of deduction being drawn.

Special Correspondence.

(By Our Special Correspondent.)

CANADA LETTER.

A Canadian Department of Public Health.

For some years members of the profession have urged the creation of a Canadian Department of Public Health, and the question has been brought to the attention of the Government on more than one occasion by the Canadian Medical Association. The matter was recently brought up in the House of Commons, on the motion of Dr. Michael Steele, member for South Perth, in the province of Ontario. After a short debate, however, the matter was adjourned, the Hon. J. D. Hazen being of the opinion that the present time was not an opportune one for the discussion of such an important question.

The Regular Versus the Irregular Practitioner.

A special commission was recently appointed in Ontario to enquire into the status of medical education. The hearings were conducted by the Honourable Mr. Justice Hodgins, of the Supreme Court. The Ontario College of Physicians and Surgeons, the Ontario Medical Association, the medical faculties of the universities, the Provincial Board of Health, the Ontario College of Dental Surgery, were all represented and presented their statements; and among the irregulars were the osteopaths, the chiropractics, the Christian Scientists, the mental healers, etc. The representatives of the regular profession were unanimous in their contention that the practice of the art of healing should be limited to those who had complied with the educational requirements of the Ontario College of Physicians and Surgeons and had passed the examinations prescribed by that body. The irregulars, on the other hand, claimed equal status with the regular practitioner and recognition for their colleges, but were not prepared to conform to the educational requirements demanded by the regular licensing body. The report of the commission is awaited with keen interest, but it is understood that it will not come before Parliament during the present session.

The same questions are of paramount interest in the province of Manitoba, where three bills are now under consideration. One provides that the Medical Act of the province shall be so amended that no one shall be permitted to practise medicine without first undergoing an examination and receiving a certificate from the University of Manitoba; a second would give the osteopaths equal standing with members of the regular profession and recognition for their colleges; and a third provides that all dental education shall be under the direction of the University of Manitoba.

Ontario Medical Association.

The annual meeting of the Ontario Medical Association will be held at Toronto from May 30th to June 2nd next. This meeting will probably be one of the most important ever held by the Association, since several matters of great importance are to be considered, among them the Commission on Medical Education and the Workmen's Compensation Act.

Free Antitoxin in Ontario.

In the hope of reducing the amount of contagious disease in the province, the Ontario Board of Health decided that, from the first of February last, antitoxins should be supplied free throughout the province to physicians, hospitals, municipalities and the public generally on the production of a prescription from a physician. The Honourable J. W. Hanna, Provincial Secretary for the Province of Ontario, recently stated that 300,000 soldiers had been inoculated against typhoid with vaccine prepared in the laboratory of the University of Toronto, and supplied free by the Ontario Board of Health; the regular price of this would have been $225,000. Since the new arrangement came into force on the first of February, in addition to antitoxin, vaccines to the value of $7,000 have been supplied free. The provincial Health Act has been amended to provide that any person who sells publicly or privately any of the vaccines or serums provided free by the Government will be liable to a fine of one hundred dollars or three months' imprisonment.

Correspondence.

LODGE PRACTICE AND THE WAR.

Sir,—In the leading article in *The Medical Journal of Australia* of this date, page 379, I am referred to as having explained that the members of the Victorian Branch of the British Medical Association "would not dream of blacklisting a man because he had found himself compelled from force of circumstances to undertake Lodge work at lower rates."

This is not quite correct. Reference to the report of my remarks (on page 385 of the same issue) will show that I was discussing certain special possibilities of the after-war period, and raising a question, not defining a policy.

The Victorian Branch follows the "Principles of Medical Ethics" which were adopted by the Federal Committee.

Yours, etc.,

L. S. LATHAM, B.A., M.D., B.S.,
Honorary Secretary, Victorian Branch
British Medical Association.

54 Collins Street, Melbourne,
May 6, 1916.

SMALL-POX IN THE GERMAN ARMY IN 1870-1.

Sir,—In an article in *The Medical Journal of Australia*, of February 26, Dr. James P. Ryan, Melbourne, makes the assertion that, in the winter of 1870-1, not one Prussian soldier died of small-pox. In the interest of historical accuracy it would be valuable to know on what authority he makes this statement.

At the Statistical Congress at Petrograd, Dr. Roth gave the number of Prussian soldiers who died of small-pox as 263. *The Lancet* gave the number as 261. Dr. Edwards, in his book, "Small-pox and Vaccination in Europe," states the number as follows: "Field army, 297; immobile army, 162; total, 459." On one occasion Lord Lister stated that there were on the Prussian side "4,277 cases, 223 deaths." Mr. Laughton, Victorian Statistician, in his evidence before the Victoria Select Committee in 1912, said that 57.8 died in each 100,000 men of the Prussian armies of small-pox. Other persons have said 316 and 3,162.

On July 30, 1883, the German War Office, when appealed to for information regarding the Prussians who were said to have died during the war of small-pox, replied simply, "The numbers wished for were not recorded, and it is regretted that the desired information cannot be given."

Yours, etc.,

A. W. HYDE.

9 Sydney Road, Brunswick.
May 2, 1916.

INSANITY DUE TO MITRAL STENOSIS.

Sir,—If I was wrong in attributing to Dr. Lind an intention to create a mitral stenosis insanity I acknowledge and regret the error. At the same time I think it must be conceded that the wording of the first paragraph of his original article afforded some justification for the mistake. Dr. Lind speaks of "mitral stenosis insanity" as not having been "very definitely described by either Clouston, Stoddart or Maurice Craig." He might have gone further, and said that they do not even mention it. Neither, so far as I am aware, does any writer of any school of psychiatry. Craig says: "There is no definite relationship between heart disease and insanity." Savage, in Allbutt's "System," expresses the same opinion. Krafft-Ebing writes: "The ætiological significance of heart diseases in the relation to the origin of insanity has been largely over-estimated." Tanzi dismisses the subject in one sentence of eight words. De Fursac quotes some statistics of Strecker's, based on 1,000 autopsies, which show that 61.7% of the males and 42.7% of the females "present cardiac lesions. These are quite frequently the consequence of the psychoses." Chaslin mentions that irritability in aortic cases, and apathy and somnolence in mitral cases "are often described."

It will be seen then that the subject is a very unsettled and debatable one, and any light that Dr. Lind or anyone else can throw on it will be welcomed.

Dr. Lind may be right in his opinion that I might have omitted my remarks about indifferent reasoning, but I

still think that many medical writers would do well to take heed of Kraepelin's warning against the neglect of real and apparent causes, which he says "has so often been fatal in psychiatry as well as in medicine."

Yours, etc.,

E. J. HOWLEY.

Goodna, May 5, 1916.

Books Received.

PRACTICAL ANATOMY, by Richard J. A. Berry, M.D., Edin. and Melb., F.R.S. Edin., F.R.C.S. Edin., 1916; in 3 volumes. Melbourne: George Robertson and Co. Propy., Ltd. Demy 8vo. Vol. I., pp. 404; Vol. II., pp. 402; Vol. III., pp. 513.

GOULD'S PRACTITIONER'S MEDICAL DICTIONARY. Third Edition, Revised and Edited by R. J. E. Scott, M.A., B.C.L., M.D., 1916. Philadelphia: P. Blakiston's Son & Co.; pp. 962; Demi 8vo. Price, $2.75.

Medical Appointments Vacant, etc.

For announcements of medical appointments vacant, assistants, locum tenentes sought, etc., see "Advertiser," page xv.

Texas District Hospital, Queensland, Medical Officer.

Brisbane Hospital, Resident Medical Officer.

The Hospital for Sick Children, Brisbane, Resident Medical Officer.

Port Stephens Naval Base, Temporary Medical Officer.

Medical Appointments.

IMPORTANT NOTICE.

Medical practitioners are requested not to apply for any appointment referred to in the following table, without having first communicated with the Honorary Secretary of the Branch named in the first column, or with the Medical Secretary of the British Medical Association, 429 Strand, London, W.C.

Branch.	APPOINTMENTS.
NEW SOUTH WALES. (Hon. Sec., 30-34 Elizabeth Street, Sydney.)	Department of Public Instruction—New Appointments as Medical Officer, Ophthalmic Surgeon, Ear, Nose and Throat Surgeon, Physician. Australian Natives' Association. Balmain United F.S. Dispensary. Canterbury United F.S. Dispensary. Leichhardt and Petersham Dispensary. M.U. Oddfellows' Med. Inst., Elizabeth Street, Sydney. Marrickville United F.S. Dispensary. N.S.W. Ambulance Association and Transport Brigade. North Sydney United F.S. People's Prudential Benefit Society. Phœnix Mutual Provident Society. F.S. Lodges at Casino. F.S. Lodges at Lithgow. F.S. Lodges at Orange. F.S. Lodges at Parramatta, Penrith, Auburn, and Lidcombe. Newcastle Collieries — Killingworth, Seaham Nos. 1 and 2, West Wallsend.
QUEENSLAND. (Hon. Sec., B.M.A. Building, Adelaide Street, Brisbane.)	Brisbane United F.S. Institute. Laidley Hospital, Medical Officer.
WESTERN AUSTRALIA. (Hon. Sec., 230 St. George's Terrace, Perth.)	Swan District Medical Officer. All Contract Practice Appointments in Western Australia.
SOUTH AUSTRALIA. (Hon. Sec., 3 North Terrace, Adelaide.)	The F.S. Medical Assoc., Incorp., Adelaide.
NEW ZEALAND: WELLINGTON DIVISION. Hon. Sec., Wellington.)	F.S. Lodges, Wellington, N.Z.

Diary for the Month.

May 16.—N.S.W. Branch, B.M.A., Executive and Finance Committee.
May 17.—West Aust. Branch, B.M.A., General.
May 17.—Cent. West. Med. Assoc., at Campbelltown.
May 19.—Q. Branch, B.M.A., Council.
May 25.—South Aust. Branch, B.M.A., Branch.
May 26.—N.S.W. Branch, B.M.A., Branch.
May 30.—N.S.W. Branch, B.M.A., Medical Politics Committee, Organization and Science Committee.
May 31.—Vic. Branch, B.M.A., Council.
June 2.—Q. Branch, B.M.A., General.
June 7.—Vic. Branch, B.M.A., Branch.
June 9.—S. Aust. Branch, B.M.A., Council.
June 9.—N.S.W. Branch, B.M.A., Clinical.
June 13.—Tas. Branch, B.M.A., General.
June 13.—N.S.W. Branch, B.M.A., Ethics Committee.

EDITORIAL NOTICES.

The following journals are missing from the Library of the Victorian Branch of the British Medical Association. The Librarians will be indebted to any member who will give or sell any or all of the numbers.

Lancet, October 3, 1914, and May 29, 1915.

Edinburgh Medical Journal, December, 1915.

Universal Medical Record, May, 1914, title page and index of Part I., 1914, January, 1915.

Annals of Surgery, May, 1909, April, August, October, 1911.

Glasgow Medical Journal, October, 1912.

Birmingham Medical Review, January, July, 1903, November, 1904, March, 1911, August, October and December, 1912, and title page and index, Parts I. and II., 1912, January and February, 1913, April, May and November, 1914, title page and index, Parts I. and II., 1914, January and April, 1915.

Manuscripts forwarded to the office of this Journal cannot under any circumstances be returned.

Original articles forwarded for publication are understood to be offered to *The Medical Journal of Australia* alone, unless the contrary be stated.

All communications should be addressed to "The Editor," *The Medical Journal of Australia*, B.M.A. Building, 30-34 Elizabeth Street, Sydney, New South Wales.